

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065979

1. Entity Name
OMNIPRESENCE, INC.



Principal Place of Business
10820 S.W. 200 DRIVE #279
MIAMI, FL 33157

Mailing Address
10820 S.W. 200 DRIVE #279
MIAMI, FL 33157

2. Principal Place of Business

2660 Cypress Ct

Suite, Apt. #, etc.

3. Mailing Address

PO Box 43-1055

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Miramar, FL

City & State

Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33025 Broward

Zip

33243 Dade

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUPREE, ANNA R
10820 S.W. 200 DRIVE #279
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name Anna R Dupree

Street Address (P.O. Box Number is Not Acceptable)

2660 Cypress Ct

City Miramar

FL

Zip Code 33025

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anna R Dupree

30 APR 03

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME DUPREE, ANNA R
STREET ADDRESS 10820 S.W. 200 DRIVE #279
CITY-ST-ZIP MIAMI, FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer
NAME Lena Davison
STREET ADDRESS 14652 SW 104 PL
CITY-ST-ZIP Miami, FL 33176

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna R Dupree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 786443-5478

Date

Daytime Phone #

CR2E034 (10/02)